

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014579

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333

Primary Registration District No. 3274

Registrar's No. 97

FILED APR 15 1963

1. PLACE OF DEATH

a. COUNTY SCOTT

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SIKESTON

Length of stay in 1b
1 hr.

c. FULL NAME OF (If NOT in hospital; give location)
HOSPITAL OR INSTITUTION MO. DELTA COMMUNITY HOSP.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY SCOTT

c. CITY OR TOWN SIKESTON

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
105 WESTGATE

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

CARRIE

JIMERSON

4. DATE OF DEATH

Month Day Year
4-4-63

5. SEX

FEMALE

6. COLOR OR RACE

COLORED

7. Married

Widowed ☐ Never Married ☐ Divorced ☐

8. DATE OF BIRTH

4-14-1899

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (City and state or country)

CHUNKY, MISS.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WALTER J. TURNER

13b. MOTHER'S MAIDEN NAME

Cora Jones

14. NAME OF HUSBAND OR WIFE

LOUIS JIMERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

—

17. INFORMANT

Address

ELNORA WAYNE, SEATTLE, WASH.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial failure

DUE TO (b)

Diabetic Acidosis

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

24 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pneumonia

about a wk.

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4-2-63 to 4-4-63

and last saw her alive on 4-4-63

Death occurred at 10:35 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Alvin Dotson, Sikeston, Mo

4-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

4-14-1963

23c. NAME OF CEMETERY OR CREMATORY

SUNSET OF MEMORY

23d. LOCATION (City, town, or county)

SIKESTON,

(State)

MO.

24. FUNERAL DIRECTOR

ADDRESS

ALVIN DOTSON, SIKESTON, MO.

25. DATE RECD. BY LOCAL REG.

April 12-1963

26. REGISTRAR'S SIGNATURE

Jeanette Waldman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

APR 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Willie R. Davis

Licensed Embalmer No.

5129

P. O. Address

Charleston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit received April 12-1963